STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	004904	A. BUILDING: _____ B. WING _____	C 04/14/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
EMERALD PLACE	297 S 100 E WASHINGTON, IN 47501

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaint IN00143562. Complaint IN00143562 - Unsubstantiated, due to lack of evidence. Survey date: 4/14/14 Facility number: 004904 Provider number: 004904 AIM number: N/A Survey team: Anne Marie Crays RN Census bed type: Residential: 36 Total: 36 Census payor type: Other: 36 Total: 36 Sample: 4 Emerald Place was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00143562. Quality Review 04/15/14 by Lisa McColly	R 000		